#	RFP	RFP	Paragraph #	Question	Answer
	Section #	Page #			
1	20.100	11	1	Will MQD hold to the 7/1/2016 effective date with no extensions?	Yes, provided no unforeseen circumstance should occur that requires the MQD to extend the Contract Effective Date.
2	21.200, 52.210, 60.200, Appendix C	18, 89, 92, Appendix C	P. 18, paragraph 1, p. 89, bottom of top paragraph, p. 92, last paragraph, All of Appendix C.	Section 21.200 requires form SPO-H-200. Section 52.210 requires a wage certification form. Section requires 60.200 a proposal letter. These three items are contained in Appendix C. However Appendix C also contains forms titled Disclosure Statement, Financial Reporting/Planning, Controlling Interest, Background Check Information, Operational Certification Submission, Grievance System, Insurance Requirements, and Provider Standards of Conduct—none of which are mentioned in the RFP. Please clarify whether these forms—some of which seek information such as Offeror employee social security numbers—are a required element of an RFP response or are optional.	Yes all forms in Appendix C are required.
3	21.200, Appendix G	19 and Appendix G	P. 19 first paragraph, Appendix G.	Page 19 refers to "the business proposal (Appendix G)". The first two pages of Appendix G are titled "Business Proposal RFP-MQD-2016-003", after which there are forms titled Budget, Organization-Wide Budget by Source of Funds, Organization-Wide Budget by Programs, Budget Justification Personnel-Salaries and	Yes. No, only need to include costs associated with this RFP.

#	RFP	RFP	Paragraph #	Question	Answer
"	Section #	Page #		Question	THIS WEI
	Section "	I uge "		Wages, Budget Justification Personnel:	
				Payroll Taxes, Assessments, and Fringe	
				Benefits, Budget Justification Travel-Inter-	
				Island, Budget Justification-Travel Out of	
				State, Budget Justification Contractual	
				Services-Administrative, Budget	
				Justification Contractual Services-	
				Subcontracts, Budget Justification	
				Depreciation, Budget Justification Program	
				Activities, Budget Justification Equipment	
				Purchases, and Budget Justification Motor	
				Vehicle. Completion of these forms would	
				require disclosure of much information that	
				may not be relevant to this RFP (such as	
				the Offeror's commercial underwriting	
				staff's and commercial salespeople's	
				wages) or that in some cases may be too	
				large to be practically reviewed by MQD	
				(for example travel that the Offeror's	
				employees did to and from the outer	
				islands to service its commercial accounts).	
				Therefore, we respectfully ask for the	
				following clarification(s):	
				1) Please clarify whether the forms in	
				Exhibit G following the first two	
				pages titled "Business Proposal	
				RFP-MQD-2016-003" are required	
				elements of an RFP response or are	
				optional; and	
				2) If all forms are required, please	
				indicate whether the disclosures	

#	RFP	RFP	Paragraph #	Ouestion	Answer
#	Section #	Page #		Question	Allswei
				provided by the Offeror may omit the staff, travel, equipment, resources, and information an Offeror would not use to service the Medicaid business that is the subject of this RFP.	
4	21.400	20	1- Bullet 4	What would MQD consider lack of sufficient experience to perform the duties within the TPA contract for Medicaid patients in the state of Hawaii?	Refer to Section 60.600 Company Background and Experience for this requirement.
5	30.200	25	1- Bullet 9	Given the responsibility to monitor the financial status would MQD reconsider the rating variance in the business proposal?	No, Section 30.200 is a DHS responsibility.
6	30.610	28	1	Would MQD allow for greater points for a vendor with extensive experience in administering adult dental services in Medicaid populations?	No.
7	30.620	31	Numbered paragraph 1, third bullet point.	The RFP calls for "Topical fluoride or varnish up to age 6" on page 31. The current standard in place following the 2012 RFP calls for topical fluoride or varnish up to age 21. Please clarify whether the current RFP is in fact reducing the topical fluoride or varnish benefit or whether that was a typographical error, as that treatment is very beneficial for permanent as well as primary teeth.	See #2 of amendment #1.
8	40.620	47	5	We understand that the dental benefit is authorized under Hawaii's Medicaid state plan, and subsequently these services must be	See #5 of amendment #1.

#	RFP	RFP	Paragraph #	Question	Answer
	Section #	Page #		Q 33333	
				available statewide. It's also our understanding that no physical vouchers are required to be picked up for beneficiaries to be able to travel. In addition, the current provider of CC services does not have an office in "central Oahu". The current system has met the members' needs satisfactorily for several years. Would MQD consider removing the requirement for a location in "central Oahu"?	
9	40.620	47	5	We understand that the dental benefit is authorized under Hawaii's Medicaid state plan, and subsequently these services must be available statewide. It's also our understanding that no physical vouchers are required to be picked up for beneficiaries to be able to travel. In addition, the current provider of CC services does not have an office in "central Oahu". The current system has met the members' needs satisfactorily for several years. Would MQD consider removing the requirement for a location in "central Oahu"?	Same as question #8.
10	40.630	50	2	Given the requirement in this paragraph requiring services to be performed in the City and County of Honolulu is this not limiting the competition for qualified vendors?	The requirement does not limit the competition for qualified vendors. Since the majority of the dental providers are located on Oahu, a physical location in the City and County of Honolulu will provide better access for the dental providers if they have billing and reimbursement questions.
11	40.660	55	4 th bullet point.	There seems to be a word missing in the sentence "How beneficiary and provider	See #8 of amendment #1.

#	RFP	RFP	Paragraph #	Question	Answer
	Section #	Page #			
				are determined and reported to MQD." Please clarify.	
12	41.320	65	1	"Contactor shall have on staff a full-time Dental Director based in the State of Hawaii" Our understanding is that in the past, this was a part-time position. Please confirm that a full-time Dental Director is required.	See #10 of amendment #1.
13	41.320	65	Second to last line, last paragraph.	There is a reference to a Medical Director: please confirm that this should refer to a "Dental Director".	See #3 of amendment #1. See #4 of amendment #1. See #7 of amendment #1. See #9 of amendment #1. See #11 of amendment #1. See #12 of amendment #1.
14	51.800	84	1	Would MQD replace "located" with "accessible"? Electronic documents may be housed on a server located outside Hawaii, and this requirement would increase cost without changing accessibility to documents.	No.
15	52.120	86	1	Are contractors entitled to due process? And if so, would MQD specify the minimum time period between notification of payment suspension and the commencement of payment suspension? In addition, would there be period for corrective action prior to payment if suspension?	Refer to Sections 51.900 and 52.100.
16	60.610	96	Bullet 15	Please define "allegation," which is subject to disclosure under this item.	Allegation means a claim, charge, accusation or assertion made by another party that you or your subcontractor has done something illegal or

#	RFP	RFP	Paragraph #	Question	Answer
"	Section #	Page #		Question	Allswei
	Section #	lageπ			wrong. This would include any allegations made against you or your subcontractor that has been formally filed or lodged against you or your subcontractor to any entity, which includes but is not limited to an administrative board or body, a court or regulatory entity (i.e., ombudsman, RICO, etc.).
17	60.630	97	1	The references for "similar" services are indicating programs in Medicaid programs correct?	No, not limited to Medicaid programs.
18	61.110 61.100	102	2	If MQD requires the claims processing function to occur in Hawaii, this effectively limits any vendor not in Hawaii. Would MQD consider amending this?	See #23 of amendment #1.
19	70.210 and 70.230	103 and 104		The last sentence in 70.210 states "The charge for the Care Coordination component shall be provided as a separate price in the On-going Phase. 70.230.C states "Care Coordination – Pricing for this component shall be included in the On-going Operation Price". These two statements appear to contradict each other. Please confirm how care coordination should be included in the business proposal.	Care Coordination should be included in the Business Proposal. See #24 of amendment #1.

#	RFP	RFP	Paragraph #	Question	Answer
	Section #	Page #			
20	70.230	104	A	Please provide the current number of claim lines processed in a fiscal year	FY2015 – 741,176 claim lines
21	70.230	104	A	Please provide the annual amount that MQD pays its current TPA for these services.	\$320,833.33 for each year of the contract
22	70.230	104	A	Please provide the annual budgeted amount for these services.	See response to question # 21
23	80.400	107	2	Would MQD consider amending the rating for cost/business proposal? The business proposal weight dropped from 20/120 (17%) to 5/100 (5%) (Assuming 2 bidders), a 70% reduction from the 2012 RFP.	No.
24	80.600	113	Table	Given the responsibility of MQD to monitor costs would MQD consider changes to this rating, allowing for savings to the current program?	No.
25	Appendix C	Annual Disclosur e of Ownershi p (ADO) form	Question #13.	Question 13 asks for "names and addresses of all other Hawaii Medicaid providers with which your health service and/or facility engages in a significant transaction and/or a series of transactions that during any one (1) fiscal year exceed the lesser of \$25,000 or 5% of your total operating expense." If this form is required, please clarify whether all Dentists that participate in Medicaid that received more than \$25,000 in reimbursements for covered	Yes all forms in Appendix C are required. No, #13 refers to subcontractors, not dentists. See #13 in Annual Disclosure of Ownership (ADO) instructions.

#	RFP	RFP	Paragraph #	Question	Answer
	Section #	Page #			
				services in the last year would need to be	
				listed in response to this question.	
26	Appendix G			Please provide electronic (i.e. Excel)	See attachment: Appendix G_Proposal
				copies of these budget forms.	Budget Forms.xls
27	General			If available, please provide the Actuarial	There are no rates mentioned in this RFP.
				analysis/Actuarial Opinion that supports	
				the rates in the RFP.	
28	General			Are there any specific areas in	Applicant can address any qualifications
				quality/utilization improvements, such as	they feel may be beneficial to their
				increasing HEDIS scores, which you are	proposal.
				interested to see applicants address in their	
	G 1			proposals?	
29	General			Please provide rate history details for the	See response to question #21.
20	G 1			past 3 years.	Di Cara di MOD
30	General			Please provide or direct us to the current	Please refer to the MQD website.
				Medicaid Fee Schedule for dental services.	http://www.med-
31	General			To the constant of the part of	quest.us/providers/ProvidersDental.html
31	General			Is there any plan to increase the Medicaid	Not determined at this time.
32	General			Fee Schedule within the next 3 years?	Places refer to the MOD website for express
32	General			Have any of the benefits changed over the past 3 years, or are you planning on	Please refer to the MQD website for current dental benefits. http://www.med-
				making any changes for the next 3 years?	quest.us/providers/ProvidersDental.html
				If so, can you please specify the changes?	Future changes have not been determined.
33	General			Please provide, or direct us to the detailed,	FY2015 – 741,176 claim lines
33	General			line level claims history for the past 2	FY2014 – 941,092 claims lines
				years.	1 1 201 1 7 11,072 Cidinis inics
34	General			Please provide or direct us to the counts of	All of the MQD procedure codes can be
				all procedure codes approved/paid – by	found at:
				benefit plan for 2014 and for 2015.	
Ь				central plant for 2011 and for 2015.	

#	RFP	RFP	Paragraph #	Question	Answer
	Section #	Page #			
					http://med- quest.us/PDFs/Provider%20Memos/Medica id%20Fee%20Schedule.pdf
35	General			Please provide, or direct us to, the claims costs and access rates reports for the past 3 years.	See response to question #21.
36	General			The Dental Provider list did not include addresses. Will you provide address information and telephone numbers as soon as possible?	Information will be provided to the awardee.
37	General			If this data is available, could you provide or direct us to the top utilized or active Medicaid providers?	See response to question #36.
38	General			Are providers being paid at the current Medicaid fee schedule?	Dental providers are paid on the current dental fee schedule that can be found at http://www.med-quest.us/providers/ProvidersDental.html .
39	General			Is the Notice of Intent to Propose binding?	No.